

**FY 2008 and FY 2009 CSHCS Application for Funding
Newborn Screening and Genetic Services**

ISDH Maternal and Children's Special Health Care Services Division (MCSHC) makes funds available for specific programs using this Grant Application Procedure (GAP).

Instructions

1. An application for Maternal & Children's Special Health Care Services (MCSHC) funds must be received by ISDH MCSHC.
2. Mail application to: Indiana State Department of Health
ATTENTION: Kimberly Rief
2 North Meridian Street, Section 8C
Indianapolis, IN 46204
3. Submit the original proposal and three copies. Do not bind or staple.
4. The application must be typed (no smaller than 12 pitch, printed on one side only) and double-spaced. Each page must be numbered sequentially beginning with Form A, the Applicant Information page.
5. The narrative sections of the application must not exceed 30 double spaced typed pages. Applications exceeding this limit will not be reviewed.
6. Appendices, excluding C.V.'s, must not exceed 20 pages. Appendices that serve only to extend the narrative portion of the application will not be accepted.
7. The application must follow the format and order presented in this guidance. Applications that do not follow this format and order will not be reviewed.
8. The application will not be reviewed if all sections are not submitted.

Note: Questions about this application should be directed to Robert Bruce Scott, Grants Coordinator, at rbscott@isdh.in.gov or 317/233-1241, or the Health Systems

Informing Local Health Officers of Proposal Submission

Funded projects are expected to collaborate with local health departments. If you are unable to submit a letter of support from the local health officer, at a minimum, submit copies of letters sent to the local health officers, from all jurisdictions in the proposed service area, informing them of your application. These letters should include requests for support and collaboration and indicate that the proposal was included for review by the health officer(s).

FY 2008 Maternal & Children Special Health Care (MCSHC) Grant Application Guidance

1. Grant Application Cover Page

This is the first page of the proposal. **Complete all items on the page provided (Form A).** The project director and the person authorized to make legal and contractual agreements for the applicant agency **must** sign and date this document. If the project will not require a medical and/or dental director, write “not applicable” on the appropriate line(s). See Form A-2.

2. Table of Contents

The table of contents must indicate the page where each section begins, including appendices.

3. Proposal Narrative

A. Summary (Narrative)

Begin this page with the Title of Project as stated on the Applicant Information Page. The summary will provide the reviewer a brief and clear overview of the proposal as it relates to the applicable MCSHC program services only. The summary should:

- Identify the problem(s) to be addressed;
- State the objectives in one sentence for each objective;
- Provide an overview of solutions (methods) and workplan;
- Provide brief history of the project;
- Emphasize accomplishments/progress made toward previously identified objectives and outcomes;
- Describe the targeted geographic area and indicate the percentage of the target population served by your project and the percentage of racial/ethnic minority clients among your clients served.

B. Project Description (Form B)

All information on the Project Description (Form B) must be completed. Indicate how many clients will be served or surveyed for FY 2008. This narrative on the form will become part of the grant agreement.

- List the needs project will address;
- List services to be provided from Performance Measure tables

C. Project Service Location (Form C)

Form C requests specific information on each clinic or project site. The following information should be included:

- List target population and estimated number to be served on Form C is for the individual clinic/project site(s) and is the number to be served with MCSHC matching funds.
- Provide MCSHC budget for each site including MCSHC matching funds for the individual clinic site.
- List only those services provided with MCSHC funds or MCSHC matching funds. **NOTE: ISDH MCSHC requires a 30% match from grantee.**
- List all services provided at service site other than MCSHC or MCSHC matching funded services.

4. Applicant Agency Description (Narrative)

Note: Large organizations should write this description for the unit directly responsible for administration of the project.

This description of the sponsoring agency should:

- Include a statement of purpose (mission statement);
- Include a brief history;
- Identify strengths and specific accomplishments pertinent to this proposal;
- Include a discussion of the administrative structure within which the project will function within the total organization. (Attach an organization chart);
- Identify project locations and discuss how they will be an asset to the project; and
- Include a discussion on the collaboration that will occur between the project and other organizations and healthcare providers. The discussion should identify the role of other collaborative partners and specify how each collaborates with your organization. You may attach (Memoranda of Understanding (MOU), and Memoranda of Agreement (MOA), and letters of support.

5. Statement of Need (Narrative)

Describe the specific problem(s) or need(s) to be addressed by the project. This section must address those MCSHC priority components that you intend to impact. Priority components are linked to 3 departments within MCSHC. These departments are Maternal & Child Health (MCH), Children with Special Health Care Needs (CSHCN) and Newborn Screening/Genomics (NBS).

For CSHCS these priority components are:

- To improve family/professional partnership at all levels of decision-making.
- To improve access to comprehensive health and related services through the medical home.
- To promote early and continuous screening, evaluation and diagnosis.
- To provide adequate public and/or private financing of needed services.
- To provide organization of community services so that families can use them easily.
- To ensure successful transition to all aspects of adult health care, work, and independence.

For MCH these priority components are:

- To improve pregnancy outcomes especially infant mortality, fetal deaths, and low birth weight and to decrease disparities among minority populations.
- To lower high risk pregnancy and teen birth rate.
- To reduce barriers to delivery of health and dental care of pregnant women, infants, children, children with special health care needs, adolescents and women.
- To build and strengthen systems of family support and family involvement that will assist families in seeking and receiving health and social services, including families of children with special health care needs.
- To reduce environmentally related health conditions like lead poisoning, asthma, and injury in all infants and children.
- To decrease tobacco use in Indiana.
- To promote systems that allow for early identification and tracking of children with special health care needs and that enhance the provision of services to them.
- To lower risk behaviors in adolescents.
- To reduce obesity in Indiana.
- To reduce the rates of domestic violence to women and children, child abuse and childhood injury in Indiana.
- To improve racial and ethnic disparities in women of childbearing age, and mothers and children's health outcomes.

The Statement of Need should:

- Explain how your program will address any or all of these priority components;
- Provide supporting data to document the need;
- Describe the system of care and how successfully the project fits into the system
 - Identify the public service providers
 - Identify the number of private providers in the area serving the same population with the same services and
 - Identify the need for the project.
- Describe the target population(s)
 - Specify numbers to be served;
 - Identify catchment areas.
- Describe how the program will be client/consumer focused; and
- Describe barriers to access to care.

6. Outcome and Performance Objectives and Activities (Performance Measure Tables)

ISDH MCSHC requires that grantees be accountable for achieving performance measures related to the priorities funded in this GAP. All Performance Measures should be based on **Healthy People 2010** goals. These can be found at <http://www.healthypeople.gov/document/> and at <http://www.phf.org/hp2010asst.htm>. The direct link to the national performance measures is <http://www.healthypeople.gov/document/tableofcontents.htm#parta>

The Performance Measure for the Sickle Cell Program are included in the Grant Application. Project specific activities will be evaluated as part of the quality evaluation of the project.

For each activity on the table, the applicant must indicate a clear and measurable objective as to how the activity will be measured, what documentation will be used to measure that activity, and the staff responsible for implementing and measuring that activity.

Applicants proposing community-based research and infrastructure development projects should develop one or more performance measures that will measure how the project will further one or more of the established priorities. These may be measured by product generated rather than impact on MCH populations –e.g. a survey would not have a direct impact on an MCH population but would produce a product.

These performance measures are to be used by grantees to monitor progress on each activity and to submit in the quarterly and Annual Performance Report for FY 2008 when it is completed. MCSHC consultants will contact projects quarterly to monitor progress on the activities and provide technical assistance.

All applicants are required to collect data for monitoring purposes. Monitoring data elements requirements should be proposed by the applicant based on the services to be provided and will be finalized in the grant agreement. This information will be reported in the FY 2008 Annual Performance Reports.

7. Evaluation Plan (Narrative)

Discuss the procedure for measuring the achievement of activities. The procedures should include intermediate measures as well as an assessment at the end of the funding period. A quality evaluation should identify:

- Clear and measurable project-specific activities to meet objectives (See Performance Measure Tables);
- Staff responsible for the evaluation (See Performance Measures Tables);
- What data will be collected and how it will be collected;
- Appropriate methods to analyze the data;
- How and to whom data will be reported;
- Appropriate methods to determine whether measurable activities and objectives are being met;
- Measures to be taken if improvement is needed;
 - Staff responsible for implementing improvement plan.
- Samples of client surveys.

8. Staff (Narrative)

Describe the relevant education, training, and work experience of the staff:

- Describe the relevant education, training, and work experience of key staff that will enable them to successfully develop, implement, and evaluate the project.
- Submit job descriptions and curriculum vitae of key staff as an appendix.

Copies of current professional licenses and certifications must be on file at the organization and available for review if requested.

9. Facilities (Narrative)

Describe the facilities that will house project services:

- Address the adequacy and accessibility for individuals with disabilities in accordance with the Americans with Disabilities Act of 1992,
- Assure that project facilities will be smoke-free at all times.
- Hours of operation must be posted and visible from outside the facility.
- Include evening and weekend hours to increase service accessibility and indicate hours of operation at each site on Project Service Location Form (Form C).

10. Minority Participation

All applicants must include a statement regarding minority participation with other entities in the operation of their MCSHC program.

- Explain how minority individuals or entities have impact into needs assessment, program design, and service delivery.
- Include relationships with minority advocacy organizations, minority or bilingual staff, and minority representation on boards or advisory groups.

11. Endorsements

Submit letters of support and MOU that demonstrate a commitment to collaboration between the applicant agency and other relevant community organizations. Letters of support and MOU must be current.

All applicants should notify the local health officer or appropriate health department staff of their proposal. All MCSHC applicants should discuss their proposal with the local health officer or appropriate health department staff. At a minimum, the local health officer in each county where services are proposed must be notified. (Signature of health officer on the Grant Application Cover Page (Form A) is sufficient; if signature cannot be obtained, include a copy of the organization's letter to the health officer in each service county advising of proposal submission to ISDH).

12. Budget (Budget Narrative Form 1, Sources of Anticipated Revenue Form 2, MCSHC & Matching Funds Estimated Cost and Clients to Be Served Form 3, Anticipated Expenditures for Fiscal Year 2008/2009 Form 4 and List All Sources of ISDH Funding Form 5)

Complete this entire section providing information for FY 2008 and FY 2009. The budget is an estimate of what the project will cost. Complete the budget forms provided according to directions. Do not substitute a different format. Matching funds must be included in the total budget. (See budget instructions for matching funds requirements.) The budget narrative must include a justification for every line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.40 per mile), and reason for travel. **Note: ISDH will not fund out-of-state travel.**

NOTE: All applicants are encouraged to develop and review their application using the Grant Application Scoring Tool (Appendix C).

(The rest of this page is left blank intentionally.)

**INDIANA STATE DEPARTMENT OF HEALTH
GRANT APPLICATION COVER PAGE**

FORM A

Follow Instructions Carefully

1a. Title of Project		1b. How many years has project received MCSHC funds?	
2. Medicaid Provider Number (N/A for RESPECT)		3. FY 07 Contract Amount (if applicable)	
4a. FY 2008 MCSHC Amount Requested		4b. FY 2009 MCSHC Amount Requested	
5a. FY 2008 Matching Funds Contributed		5b. FY 2009 Matching Funds Contributed	
6. Legal Agency/Organization Name		7. Federal I.D. #	
8a. Mailing Address	8b. Telephone	8c. FAX No.	
9a. Principle Contact if not project director (type name)	9b. Telephone	9c. FAX No.	
	9d. E-mail Address		
10. Agency CEO or Official Custodian of Funds name	10. Title	10. Telephone	
11a. Project Medical Director (type name)	11b. Telephone		
12. Signature of person authorized to make legal and contractual agreement for the applicant agency (Type name & write signature)			
Name _____		Title _____	
Signature _____		Date _____	
13. Project Director Signature			
Name _____		E-mail Address _____	
Signature _____		Date _____	
14. Signature of County Health Officer (MCH Projects Only)*			
Name _____		Signature _____	
15. Are you registered with the Secretary of State?**		<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Human Subject Research *** ___ No ___ Yes (if "Yes" Exemption Number _____)			

* See instructions on page 2.

** Organization MUST BE registered with the Secretary of State of receive contract or grant.

***See Form A - 2

The Department of Health and Human Services (DHHS) regulations for the protection of human subjects provide a systematic means, based on established internationally recognized ethical principles, to safeguard the rights and welfare of individuals who participated as subjects in research activities supported or conducted by the DHHS. The regulations require that applicant organizations establish and maintain appropriate policies and procedures for the protection of human subjects. These regulations, 45 CFR 46, Protection of Human Subjects, are available from the Office for Protection from Research Risks, National Institutes of Health, Bethesda, MD 20892.

The regulations stipulate that an applicant organization, whether domestic or foreign, bears responsibility for safeguarding the rights and welfare of human subjects in DHHS-supported research activities. The regulations define "human subject" as a "living individual about whom an investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual or (2) identifiable private information." The regulations extend to the use of human organs, tissues, and body fluids from individually identifiable human subjects as well as to graphic, written, or recorded information derived from individually identifiable human subjects. The use of autopsy materials is governed by applicable state and local law and is not directly regulated by 45 CFR 46.

An applicant organization proposing to conduct non-exempt research involving human subjects must file an Assurance of Compliance with the Office for Protection from Research Risks (OPRR). As part of this Assurance, which commits the applicant organization to comply with the DHHS regulations, the applicant organization must appoint an institutional review board (IRB), which is required to review and approve all non-exempt research activities involving human subjects.

Exempt from coverage by the regulations are activities in which the only involvement of human subjects will be in one or more of the following six categories:

1. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), if information taken from these sources recorded in such a manner that subjects cannot be identified, directly or through identifiers linked to the subject.
3. Research involving survey or interview procedures, except where all of the following conditions exist: (i) responses are recorded in such a manner that the human subjects can be identified, directly or through identifiers linked to the subjects; (ii) the subject's responses, if they became known outside the research, could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability; and (iii) the research deals with sensitive aspects of the subject's own behavior, such as illegal conduct, drug use, sexual behavior, or use of alcohol. All research involving survey or interview procedures is exempt, without exception, when the respondents are elected or appointed public officials or candidates for public office.
4. Research involving the observations (including observation by participants) of public behavior, except where all of the following conditions exist: (i) observations are recorded in such a manner that the human subjects can be identified, directly or through the identifiers linked to the subjects; (ii) the observations recorded by the individual, if they became known outside the research, could reasonably place the subject at risk of criminal or

civil liability or be damaging to the subject's financial standing or employability; and (iii) the research deals with sensitive aspects of the subject's own behavior such as illegal conduct, drug use, sexual behavior, or use of alcohol.

5. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.
6. Unless specifically required by statute, research and demonstration projects which are conducted by or subject to the approval of the DHHS, and which are designed to study, evaluate, or otherwise examine: (i) programs under the Social Security Act, or other public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs. However, if following review of proposed research activities that are exempt from these regulations under this paragraph, the Secretary of the DHHS determines that a research or demonstration project presents a danger to the physical, mental, or emotional well-being of a participant or subject of the researcher demonstration project, then Federal funds may not be expended for such a project without the written informed consent of each participant or subject.

FY 2008
Project Description—MCH Projects Only

Project Name:		Project Number:	
Address:		City, State, Zip	
Telephone Number:		Fax Number:	E-Mail Address
Counties Served:			
Type of Organization: State <input type="checkbox"/> Local <input type="checkbox"/> Private Non-Profit <input type="checkbox"/>			
FY 2008 Requested Funds: \$_____ Matching Funds: \$_____ Non-matching Funds: _____			
FY 2009 Requested Funds: \$_____ Matching Funds: \$_____ Non-matching Funds: _____			
Sponsoring Agency:			

Project Description (Services provided with funds requested and all matching funds):	Performance Measure Used to Measure Services Provided

FY 2008
Project Description—Non MCH Projects

Project Name:		Project Number:
Address:	City, State, Zip	
Telephone Number:	Fax Number:	E-Mail Address
Counties Served:		
Type of Organization: State <input type="checkbox"/> Local <input type="checkbox"/> Private Non-Profit <input type="checkbox"/>		
FY 2008 Requested Funds: \$_____ Matching Funds: \$_____ Non-matching Funds: _____		
FY 2009 Requested Funds: \$_____ Matching Funds: \$_____ Non-matching Funds: _____		
Sponsoring Agency:		
Summarize identified needs form the needs assessment section. Include only those needs the Project will address.		
Summarize Performance Measures from the Performance Measures Table (each identified need above should be addressed with a Performance Measure).		

FY 2008 Budget Narrative

Budget Form 1

The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.40 per mile), and reason for travel. All travel reimbursement must be within ISDH travel policy (available on request).

Account Number and Item	Description and Justification	Calculations	Total MCSHC	Total MCSHC + MCSHC MATCHING
	<p>For each personnel entry, include name, title and brief description of their role in the project (i.e. Provides Direct Services)</p> <p>List all appropriate staff in the box provided. If there are 4 Nurses, list all 4 in the same box.</p>	<p>Personnel = \$/hr X hrs per week X weeks per year</p> <p>Fringe = salary X fringe rate</p>	Total to be charged to MCSHC	Total cost charged to MCSHC and MCSHC Matching funds*
Schedule A				
111.000 Physicians				
111.150 Dentists / Hygienists				
111.200 Other Service Providers				
111.350 Care Coordination				
111.400 Nurses				
111.600 Social Service Providers				
111.700 Nutritionists / Dietitians				
111.800 Medical/Dental / Project Director				
111.825 Project Coordinator				
111.850 Other Administration				
115.000 Fringe Benefits				

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	List each contract and explain its purpose. List each piece of equipment separately along with price for one. List travel entries by the staff that will be reimbursed for travel and explain how this travel serves the project. List rent and utilities costs separately for each facility. If possible, itemize projected other expenditures.	Equipment = price for 1 X number required. Travel = \$0.40 X miles for each staff being reimbursed for travel.	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
Schedule B				
200.000 Contractual Services				
200.500 Equipment				
200.600 Consumable Supplies				
200.700 Travel				
200.800 Rental and Utilities				
200.850 Communications				
200.900 Other Expenditures				
		SUBTOTAL SCHEDULE A		
		SUBTOTAL SCHEDULE B		
		TOTAL SCHEDULES A&B		

*Total cost is funds allocated from MCSHC grant funds and cash sources used for project activities that meet the matching requirements to provide for each category in Schedule A.

FY 2009 Budget Narrative

Budget Form 1

The budget narrative must include a justification for every MCH line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the MCH budget was derived. Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties. In-state travel information must include miles, reimbursement (\$.40 per mile), and reason for travel. All travel reimbursement must be within ISDH travel policy (available on request).

Account Number and Item	Description and Justification	Calculations	Total MCSHC	Total MCH + MCH MATCHING
	<p>For each personnel entry, include name, title and brief description of their role in the project (i.e. Provides Direct Services)</p> <p>List all appropriate staff in the box provided. If there are 4 Nurses, list all 4 in the same box.</p>	<p>Personnel = \$/hr X hrs per week X weeks per year</p> <p>Fringe = salary X fringe rate</p>	Total to be charged to MCSHC	Total cost charged to MCSHC and MCSHC Matching funds*
Schedule A				
111.000 Physicians				
111.150 Dentists / Hygienists				
111.200 Other Service Providers				
111.350 Care Coordination				
111.400 Nurses				
111.600 Social Service Providers				
111.700 Nutritionists / Dietitians				
111.800 Medical/Dental / Project Director				
111.825 Project Coordinator				
111.850 Other Administration				
115.000 Fringe Benefits				

Account Number and Item	Description and Justification	Calculations	Total MCH	Total MCH + MCH MATCHING
	List each contract and explain its purpose. List each piece of equipment separately along with price for one. List travel entries by the staff that will be reimbursed for travel and explain how this travel serves the project. List rent and utilities costs separately for each facility. If possible, itemize projected other expenditures.	Equipment = price for 1 X number required. Travel = \$0.40 X miles for each staff being reimbursed for travel.	Total to be charged to MCH	Total cost charged to MCH and MCH Matching funds
Schedule B				
200.000 Contractual Services				
200.500 Equipment				
200.600 Consumable Supplies				
200.700 Travel				
200.800 Rental and Utilities				
200.850 Communications				
200.900 Other Expenditures				
		SUBTOTAL SCHEDULE A		
		SUBTOTAL SCHEDULE B		
		TOTAL SCHEDULES A&B		

*Total cost is funds allocated from MCSHC grant funds and cash sources used for project activities that meet the matching requirements to provide for each category in Schedule A.

SOURCES OF ANTICIPATED REVENUE FOR FISCAL YEAR 2008

Budget Form 2

Project Title: _____ Project # _____

Applicant Agency: _____

409	Newborn Screening	(A1)	\$ _____
410	Sickle Cell	(A2)	\$ _____
413	Maternal and Child Health Grant Request	(A3)	\$ _____
414	Children's Special Health Care Services Grant Request	(A4)	\$ _____

MATCHING FUNDS - CASH

417	Local Appropriations	\$ _____
419	First Steps	\$ _____
421	Cash Donations	\$ _____
424	United Way/March of Dimes	\$ _____
432	Hoosier Heathwise/CHIP (Titles XIX / XXI)	\$ _____
434	Private Insurance	\$ _____
436	Patient Fees	\$ _____
437	Other Matching **	\$ _____ (List sources of funds on line below)

TOTAL MATCHING FUNDS (Cash) (B) \$ _____

NONMATCHING FUNDS - CASH

433	Title XX	\$ _____
439	Other	\$ _____

TOTAL NONMATCHING FUNDS (C) \$ _____

ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2007

400.1	Matching	\$ _____
400.2	Nonmatching	\$ _____

TOTAL ESTIMATE (400.1 + 400.2) (D) \$ _____

TOTAL PROJECT REVENUE (A)+(B)+(C)+(D) (E) \$ _____

A Full-Time Employee Works _____ Hours Per Week.

**** Other Federal Funds cannot be used as match for MCH, PSUPP, AEBG, EHDI, UNHS as these programs are federally funded**

SOURCES OF ANTICIPATED REVENUE FOR FISCAL YEAR 2009

Budget Form 2

Project Title: _____ **Project #** _____

Applicant Agency: _____

409	Newborn Screening	(A1)	\$ _____
410	Sickle Cell	(A2)	\$ _____
413	Maternal and Child Health Grant Request	(A3)	\$ _____
414	Children's Special Health Care Services Grant Request	(A4)	\$ _____

MATCHING FUNDS - CASH

417	Local Appropriations	\$ _____
419	First Steps	\$ _____
421	Cash Donations	\$ _____
424	United Way/March of Dimes	\$ _____
432	Hoosier Heathwise/CHIP (Titles XIX / XXI)	\$ _____
434	Private Insurance	\$ _____
436	Patient Fees	\$ _____
437	Other Matching **	\$ _____ (List sources of funds on line below)

TOTAL MATCHING FUNDS (Cash) (B) \$ _____

NONMATCHING FUNDS - CASH

433	Title XX	\$ _____
439	Other	\$ _____

TOTAL NONMATCHING FUNDS (C) \$ _____

ESTIMATED CASH ON HAND AS OF SEPTEMBER 30, 2007

400.1	Matching	\$ _____
400.2	Nonmatching	\$ _____

TOTAL ESTIMATE (400.1 + 400.2) (D) \$ _____

TOTAL PROJECT REVENUE (A)+(B)+(C)+(D) (E) \$ _____

A Full-Time Employee Works _____ Hours Per Week.

**** Other Federal Funds cannot be used as match for MCH, PSUPP, AEBG, EHDI, UNHS as these programs are federally funded**

MCSHC & MATCHING FUNDS ESTIMATED COST AND CLIENTS TO BE SERVED FY 2008

Project Title: _____ Project # _____

Applicant Agency: _____

Service	MCSHC Cost Per Service ¹	MCSHC Matching Funds Allocated Per Service ³	Total Estimated Unduplicated # To Be Served by MCSHC and MCSHC Matching Funds ⁵
Prenatal Care Coordination			
Prenatal Medical Care			
Infant Health Care ⁶			
Child Health Care ⁷			
Family Planning			
Genetic – Clinical			
Genetic – Prenatal			
School Based Adolescent Health			
Family Care Coordination			
Spina Bifida Coordination of Medical/Community Services			
Spina Bifida School Planning Assistance			
RESPECT (Federal)			
RESPECT (State)			
Other (Specify)			
TOTAL	2	4	

¹ Cells in this column should reflect the amount of the MCSHC grant award that is estimated to be spent on specific services, e.g., prenatal care, family planning. Do not enter a per client cost.

² This cell should reflect the total grant request (line A from MCSHC Budget Form 2).

³ Cells in this column should reflect the amount of MCSHC matching funds estimated to be spent on specific services.

⁴ This cell should reflect total MCSHC matching funds estimated to be spent on MCSHC services (line B from MCSHC Budget Form 2)

⁵ Cells in this column should reflect the unduplicated number of clients you estimated to be served with MCH and MCH matching funds during the fiscal year

⁶ Infant - under 1 year of age.

⁷ Child Health - ages 1 year to 22 years.

MCSHC & MATCHING FUNDS ESTIMATED COST AND CLIENTS TO BE SERVED FY 2009

Project Title: _____ **Project #** _____

Applicant Agency: _____

Service	MCSHC Cost Per Service¹	MCSHC Matching Funds Allocated Per Service³	Total Estimated Unduplicated # To Be Served by MCSHC and MCSHC Matching Funds⁵
Prenatal Care Coordination			
Prenatal Medical Care			
Infant Health Care ⁶			
Child Health Care ⁷			
Family Planning			
Genetic – Clinical			
Genetic – Prenatal			
School Based Adolescent Health			
Family Care Coordination			
Spina Bifida Coordination of Medical/Community Services			
Spina Bifida School Planning Assistance			
RESPECT (Federal)			
RESPECT (State)			
Other (Specify)			
TOTAL	2	4	

¹ Cells in this column should reflect the amount of the MCSHC grant award that is estimated to be spent on specific services, e.g., prenatal care, family planning. Do not enter a per client cost.

² This cell should reflect the total grant request (line A from MCSHC Budget Form 2).

³ Cells in this column should reflect the amount of MCSHC matching funds estimated to be spent on specific services.

⁴ This cell should reflect total MCSHC matching funds estimated to be spent on MCSHC services (line B from MCSHC Budget Form 2)

⁵ Cells in this column should reflect the unduplicated number of clients you estimated to be served with MCH and MCH matching funds during the fiscal year

⁶ Infant - under 1 year of age.

⁷ Child Health - ages 1 year to 22 years.

ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2008

Budget Form 4

Project Title: _____ Project # _____ Applicant Agency:

Acct. Number	Description Number	Total Funds	GRANT FUNDS List Program Fund Number in box below# MCH Funds 413 CSHCS Funds 414 NBS Funds 409 Sickle Cell Funds 410	MATCHING FUNDS									NON-MATCHING FUNDS			Normal Work Wk. Hours Budgeted on Project ¹
				Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1	Title XX 433	Other 439	Cash on Hand 400.2	
	Schedule A															
111.000	Physicians															
111.150	Dentists/Hygienists															
111.200	Other Service Providers															
111.350	Care Coordination															
111.400	Nurses															
111.600	Social Service Providers															
111.700	Nutritionists/Dietitians															
111.800	Medical/Dental/ Project Director															
111.825	Project Coordinator															
111.850	Other Administration															
115.000	Fringe Benefits															
	Schedule B															
200.000	Contractual Services															
200.500	Equipment															
200.600	Consumable Supplies															
200.700	Travel															
200.800	Rental and Utilities															
200.850	Communications															
200.900	Other Expenditures															
SUBTOTAL SCHEDULE A																
SUBTOTAL SCHEDULE B																
TOTAL																

¹ Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.

ANTICIPATED EXPENDITURES FOR FISCAL YEAR 2009

Budget Form 4

Project Title: _____ Project # _____ Applicant Agency:

Acct. Number	Description Number	Total Funds	GRANT FUNDS List Program Fund Number in box below# MCH Funds 413 CSHCS Funds 414 NBS Funds 409 Sickle Cell Funds 410	MATCHING FUNDS									NON-MATCHING FUNDS			Normal Work Wk. Hours Budgeted on Project ¹
				Local Approp. 417	First Steps 419	Cash Donations 421	United Way/ March of Dimes 424	Hoosier Heathwise & CHIP XIX & XXI 432	Private Insurance 434	Patient Fees 436	Other Matching 437	Cash on Hand 400.1	Title XX 433	Other 439	Cash on Hand 400.2	
	Schedule A															
111.000	Physicians															
111.150	Dentists/Hygienists															
111.200	Other Service Providers															
111.350	Care Coordination															
111.400	Nurses															
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200.600	Consumable Supplies															
200.700	Travel															
200.800	Rental and Utilities															
200.850	Communications															
200.900	Other Expenditures															
SUBTOTAL SCHEDULE A																
SUBTOTAL SCHEDULE B																
TOTAL																

¹ Cells in this column should reflect the number of hours worked in a week by all staff in each job classification, e.g., a project with two nurses working 40 hours per week and one nurse working 20 hours per week should enter 100 hours for 111.

**FUNDING CURRENTLY RECEIVED BY YOUR AGENCY
FROM THE INDIANA STATE DEPARTMENT OF HEALTH**

LIST ALL SOURCES OF ISDH FUNDING

[illegible]

COMMENTS:

DEFINITIONS - REVENUE ACCOUNTS

Account	Account Title	Description
409	Newborn Screening	Funds requested as reimbursement from the Indiana State Department of Health for project activities.
410	Sickle Cell	Funds requested as reimbursement from the Indiana State Department of Health for project activities.
411 412	RESPECT-State RESPECT-Federal	Funds requested as reimbursement from the Indiana State Department of Health for project activities.
413	MCH Grant Request	Funds requested as reimbursement from the Indiana State Department of Health for project activities.
414	CSHCS Grant Request	Funds requested as reimbursement from the Indiana State Department of Health for project activities
Matching Funds*		<i>Cash used for project activities that meet the matching requirements*</i>
417	Local Appropriations	Monies appropriated from the local government to support project activities, e.g., local health maintenance fund.
419	First Steps	Monies received from First Steps for developmental disabilities services.
421	Donations – Cash	Monies received from donors to support project activities.
424	United Way/March of Dimes	Monies received from a United Way/March of Dimes agency to support project activities.
432	Title XIX – Hoosier Heathwise and Title XXI, CHIP	Monies received from Hoosier Healthwise and CHIP as reimbursement provided for services to eligible clients.
434	Private Insurance	Monies received from public health insurers for covered services provided to participating clients.
436	Patient Fees	Monies collected from clients for services provided based on MCSHC approved sliding fee schedule, including walk-ins.
437	Other Matching	Other income directly benefiting the project and not classified above which meets matching requirements.
Non-matching Funds		<i>Funds which do not meet matching requirements.</i>
433	Title XX	Monies received from State Title XX agency (FSSA) for reimbursement provided for family planning services to eligible clients.
439	Other Non-matching	Other income directly benefiting the project and not classified above which does not meet matching requirements.
Estimated Cash on Hand as of September 30, of last FY		<i>Monies received by the project during the previous fiscal years and not yet used for project expenditures.</i>
400.1	Matching Cash on Hand	Those monies received during previous years from sources classified as matching.
400.2	Non-matching Cash on Hand	Those monies received during previous years from sources classified as non-matching.

Matching requirements include:

1. Amounts are verifiable from grantee's records.
2. Funds are not included as a matching source for any other federally assisted programs.
3. Funds are allocated in the approved current budget.
4. Funds are spent for the MCSHC project as allocated and the expenditure of these funds is reported to MCSHC.
5. Funds are subject to the same guidelines as MCSHC grant funds (i.e., no equipment or out-of-state travel).

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may **not** be claimed as project cost for MCSHC projects:

1. Equipment (may be waived with permission of MCSHC Director);
2. Out-of-state travel (may be waived with permission of MCSHC Grants Coordinator);
3. Construction of buildings, building renovations;
4. Depreciation of existing buildings or equipment;
5. Contributions, gifts, donations, dues to societies, organizations, or federations; (NWA Membership is the only exception)
6. Entertainment, food;
7. Automobile purchase;
8. Interest and other financial costs;
9. Costs for in-hospital patient care;
10. Fines and penalties;
11. Fees for health services;
12. Accounting expenses for government agencies;
13. Bad debts;
14. Contingency funds;
15. Executive expenses (car rental, car phone, entertainment);
16. Client travel; and
17. Legislative lobbying.

For further clarification on allowable items please contact:

Robert Bruce Scott, Grants Coordinator, MCSHC
rbscott@isdh.state.in.us
317/233-1241

All equipment costing \$1,000 or more that is purchased with MCSHC and/or MCSHC Matching Funds, shall remain the property of the State and shall not be sold or disposed of without written consent from the State.

SCHEDULE A - CHART OF ACCOUNT CODES

111.000 PHYSICIANS

Clinical Geneticist	OB/GYN
Family Practice Physician	Other Physician
General Family Physician	Pediatrician
Genetic Fellow	Resident/Intern
Medical Geneticist	Substitutes/Temporaries
Neonatologist	Volunteers

111.150 DENTISTS/HYGIENISTS

Dental Assistant	Substitutes/Temporaries
Dental Hygienist	Volunteers
Dentist	

111.200 OTHER SERVICE PROVIDERS

Audiologist	Outreach Worker
Child Development Specialist	Physical Therapist
Community Educator	Physician Assistant
Community Health Worker	Psychologist
Family Planning Counselor	Psychometrist
Genetic Counselor (M.S.)	Speech Pathologist
Health Educator/Teacher	Substitutes/Temporaries
Occupational Therapist	Volunteers

111.350 CARE COORDINATION

Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (B.S.W.)
Licensed Social Worker (L.S.W.)	Social Worker (M.S.W.)
Physician	Substitutes/Temporaries
Registered Dietitian	Volunteers
Registered Nurse	

111.400 NURSES

Clinic Coordinator	Other Nurse
Community Health Nurse	Other Nurse Practitioner
Family Planning Nurse Practitioner	Pediatric Nurse Practitioner
Family Practice Nurse Practitioner	Registered Nurse
Licensed Midwife	School Nurse Practitioner
Licensed Practical Nurse	Substitutes/Temporaries
OB/GYN Nurse Practitioner	Volunteers

111.600 SOCIAL SERVICE PROVIDERS

Caseworker	Social Worker (B.S.W.)
Licensed Clinical Social Worker (L.C.S.W.)	Social Worker (M.S.W.)
Licensed Social Worker (L.S.W.)	Substitutes/Temporaries
Counselor	Volunteers
Counselor (M.S.)	

111.700 **NUTRITIONISTS/DIETITIANS**

Dietitian (R.D. Eligible)	Registered Dietitian
Nutrition Educator	Substitutes/Temporaries
Nutritionist (Master Degree)	Volunteers

111.800 **MEDICAL/DENTAL/PROJECT DIRECTOR**

Dental Director	Project Director
Medical Director	

111.825 **PROJECT COORDINATOR**

111.850 **OTHER ADMINISTRATION**

Accountant/Finance/Bookkeeper	Laboratory Technician
Administrator/General Manager	Maintenance/Housekeeping
Clinic Aide	Nurse Aide
Clinic Coordinator (Administration)	Other Administration
Communications Coordinator	Programmer/Systems Analyst
Data Entry Clerk	Secretary/Clerk/Medical Record
Evaluator	Substitutes/Temporaries
Genetic Associate/Assistant	Volunteers
Laboratory Assistant	

115.000 **FRINGE BENEFITS**

200.700 **TRAVEL**

Conference Registrations	Out-of-State Staff Travel (only available with non-matching funds)
In-State Staff Travel	

200.800 **RENTAL AND UTILITIES**

Janitorial Services	Rental of Space
Other Rentals	Utilities
Rental of Equipment and Furniture	

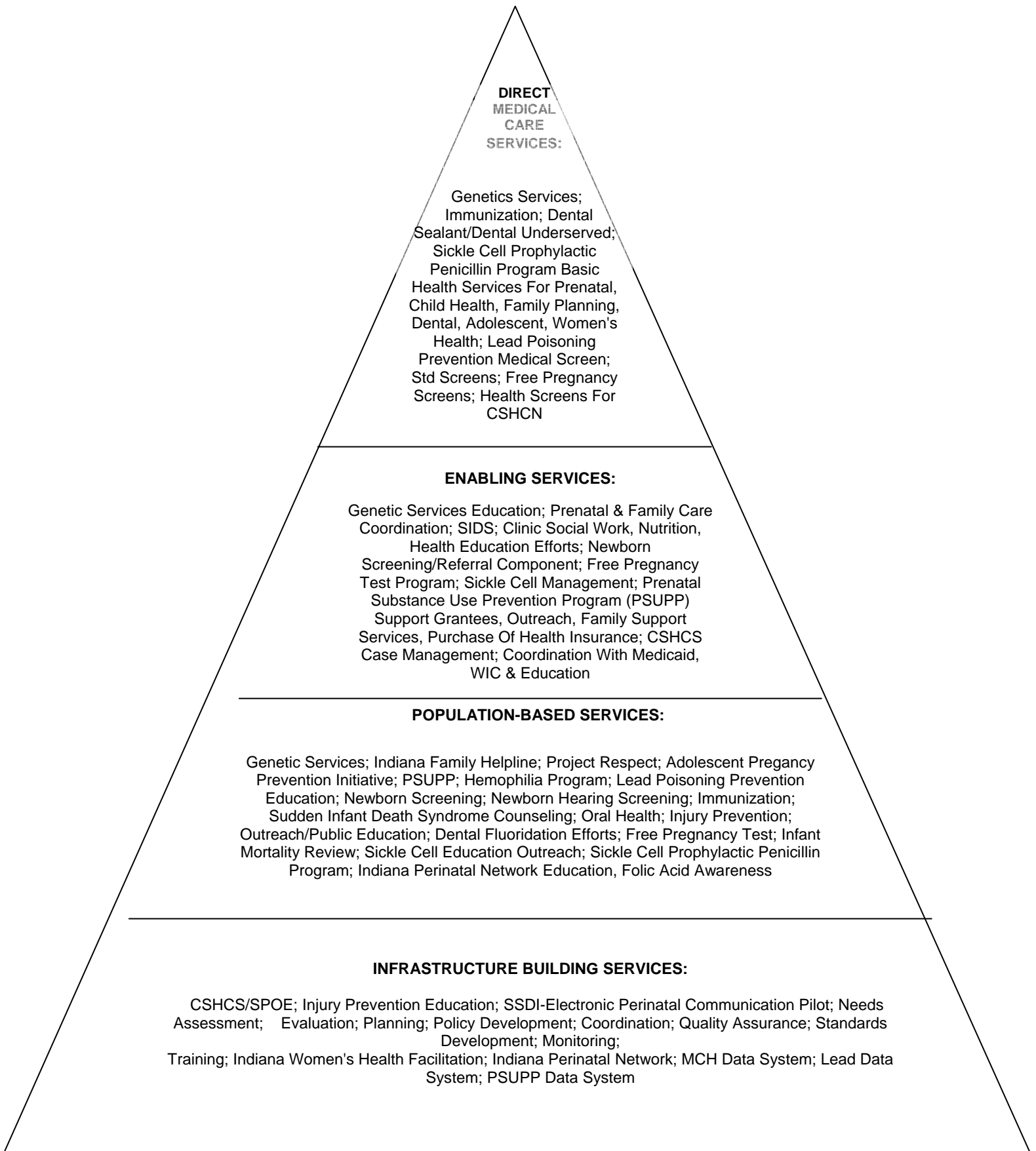
200.850 **COMMUNICATIONS**

Postage (including UPS)	Reports
Printing Costs	Subscriptions
Publications	Telephone

200.900 **OTHER EXPENDITURES**

Insurance and Bonding	Insurance premiums for fire, theft, liability, fidelity bonds, etc. Malpractice insurance premiums cannot be paid with grant funds. However, matching and non-matching funds can be used.
Maintenance and Repair	Maintenance and repair services for equipment, furniture, vehicles, and/or facilities used by the project.
Other	Approved items not otherwise classified above.

**FIGURE1: CORE PUBLIC HEALTH SERVICES
DELIVERED BY MCH AGENCIES**



FY 2008-2009 SERVICE LOCATIONS

FORM C

Project Name:		Project Number:	# Project Sites
Project Site Address:	Project Schedule: (days & times)	MCSHC Budget for Site (include matching funds):	
		FY 08	
		FY 09	
Counties Served:	Services Provided in MCSHC Budget for site (include matching funds):		
Target Population and estimated number to be served with MCSHC and matching funds: FY 08 FY 09	Other services provided at site (non-MCSHC or non-Match):		
Project Site Address:	Project Schedule: (days & times)	MCSHC Budget for Site (include matching funds):	
		FY 08	
		FY 09	
Counties Served:	Services Provided in MCSHC Budget for site include matching funds):		
Target Population and estimated number to be served with MCSHC and matching funds: FY 08 FY 09	Other services provided at site (non-MCSHC or non-Match):		
Project Site Address:	Other services provided at site (non-MCSHC or non-Match)	MCSHC Budget for Site (include matching funds):	
		FY 08	
		FY 09	
Target Population and estimated number to be served with MCSHC and matching funds: FY 08 FY 09	Other services provided at site (non-MCSHC or non-Match):		
Counties Served:	Services Provided in MCSHC Budget for site (include matching funds):		
Target Population and estimated number to be served with MCSHC and matching funds: FY 08 FY 09	Other services provided at site (non-MCSHC or non-Match):		
Project Site Address:	Project Schedule: (days & times)	MCSHC Budget for Site (include matching funds)	
		FY 08	
		FY 09	
Counties Served:	Services Provided in MCSHC Budget for site (include matching funds):		
Target Population and estimated number to be served with MCSHC and matching funds: FY 08 FY 09	Other services provided at site (non-MCSHC or non-Match):		

Materials Provided: The following materials are included in this guidance:

Instructions
Form A - Grant Application Cover Page
Form B – Project Description
Form C – Service Locations
Definitions-Revenue Accounts
Schedule A - Chart of Account Codes
Non-allowable Expenditures
Budget Form 1 – Budget Narrative – (Budgets for FY 2008 and FY 2009)
Budget Form 2 - Sources of Anticipated Revenue (Budgets for FY 2008 and FY 2009)
Budget Form 3 - Estimated Costs and Clients to be Served (Budgets for FY 2008 and FY 2009)
Budget Form 4 – Anticipated Expenditures (FY 2008 and FY 2009)
Budget Form 5 – List all Sources of ISDH Funding

Review all materials and instructions before beginning to complete your budget. If you have any questions relative to completing your project's budget, contact:

Robert Bruce Scott, rbscott@isdh.state.in.us 317/233-1241 or the MCSHC Health Systems Development Consultant assigned to your county or program - See Appendix C.

In completing the packet, remember that all amounts should be rounded to the nearest dollar.

- The budget is an estimate of what the project will cost. Complete the budget forms provided according to directions. Do not substitute a different format.
 - Matching funds must be included in the total budget. (See budget instructions for matching funds requirements.)
 - The budget narrative must include a justification for every line item. Each narrative statement should describe what the specific item is, how the specific item relates to the project, and how the amount shown in the budget was derived.
 - Staff information must include staff name, position, hours worked on the project, salary, and a brief description of duties.
 - In-state travel information must include miles, reimbursement (\$.40 per mile), and reason for travel. **Note: ISDH will not fund out-of-state travel.**
- List all anticipated revenue according to source. The estimated cash on hand should be indicated by 400.1 and/or 400.2, respectively. If the estimated cash balance is negative or this is a first time project, please list the estimate as \$0. All revenue used to support the project operations must be budgeted.
- Projects must include matching funds equaling a minimum of 30% of the MCSHC budget requested. (See MCSHC Definitions, page 34). **"In-kind" contributions are not to be included in the match for MCH and CSHCN. Projects that cannot meet these matching requirements without using in-kind contributions must provide written justification in the budget narrative.** Matching funds are considered project income and are subject to the same guidelines as MCSHC funds (i.e., no equipment or out-of-state travel). Costs of a modem line for each of your MCSHC computers and costs of Internet access are allowable.
- Non-matching funds are additional sources of support that are not included in the match. These funds are not considered project income and are not subject to MCSHC guidelines. **NOTE:** projects are encouraged not to over-match. Supporting funds over the required 30% match should

be listed as non-matching funds to give the project greater flexibility.

- In the space at the bottom of Budget Form 2, please be sure to indicate how many hours are worked during a "normal" workweek. This is usually determined by the applicant agency's policies.

Completing Budget Form 3 - Estimated Cost and Clients to be Served

It is essential that this form be completed accurately because this is the information that will be used in your contract. Your project will be accountable for the services that are listed and the number you estimated to be served.

- Estimate the MCSHC Cost per Service listed e.g. how much of your grant you propose to expend in each service. Figures for this, by service category, are listed in the column entitled **MCSHC COST PER SERVICE**". The total at the bottom of this column should equal the grant award request.
- Estimate the MCSHC Matching Funds allocated per service listed e.g., how much of the MCSHC match you propose to expend in each service. The total at the bottom of this column should equal the total match you are adding to the MCSHC award to fund this program.
- Estimate the number of unduplicated clients by service category who will receive each service in the column titled **"TOTAL UNDUPLICATED # ESTIMATED TO BE SERVICED"** by both MCSHC and MCSHC Matching Funds.

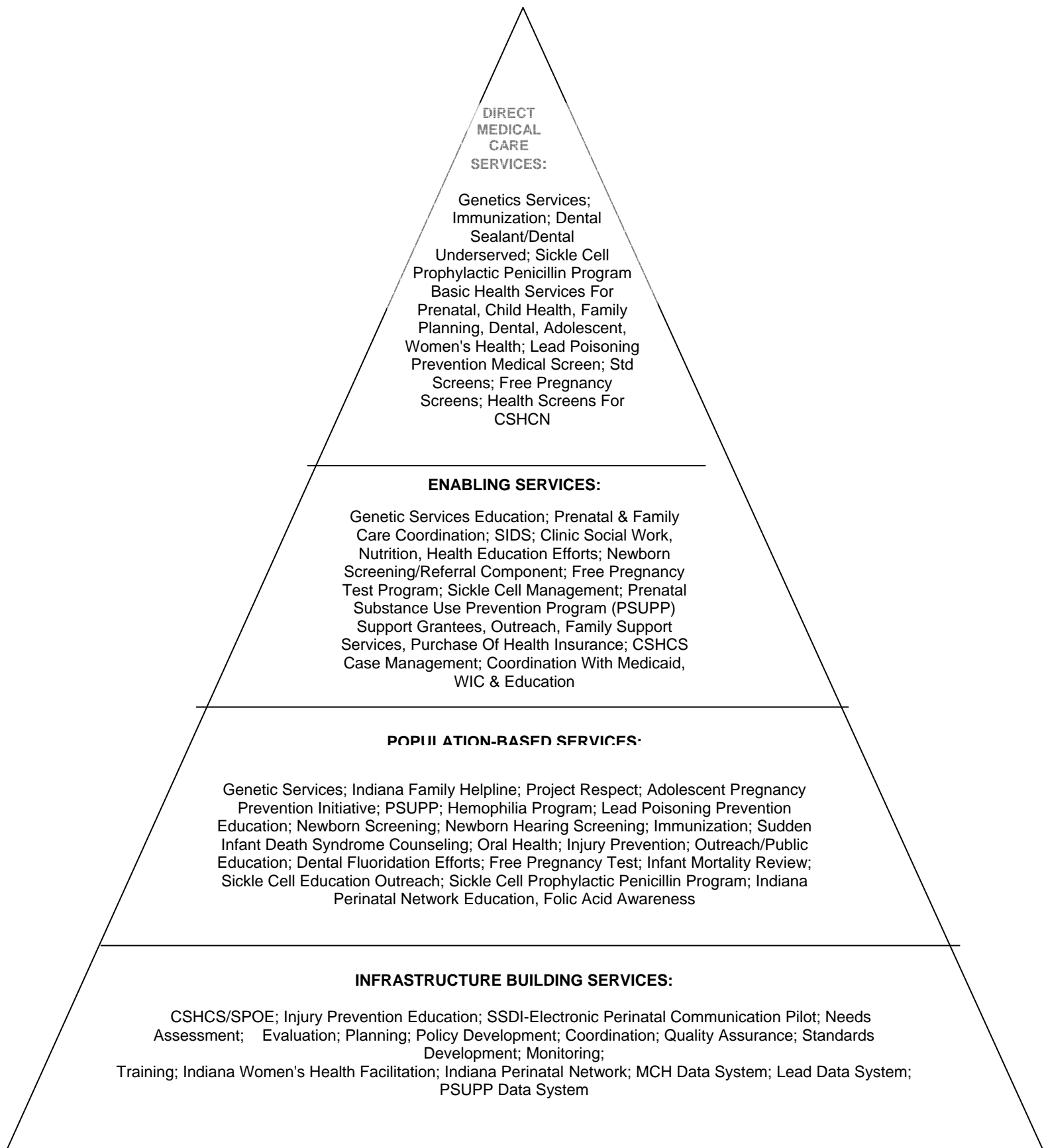
Completing Budget Form 4 – Anticipated Expenditures for Fiscal Year

It is very important that projects specify how MCSHC Matching and Non Matching Funds will be used. Information identified as Schedule A on Budget Form 4 should agree with the Schedule A on Budget Narrative Form 1. The sources and amounts of matching funds should be specified. Projects are to refer to page 25 Definitions – Revenue Accounts for description of fund categories.

The Total Funds column should match the total of Grant Funds, Matching Funds, and Non Matching Funds.

(The rest of this page is left blank intentionally.)

**FIGURE1: CORE PUBLIC HEALTH SERVICES
DELIVERED BY MCH AGENCIES**



MCSHC DEFINITIONS FY 2008

Client – a recipient of services that are supported by program expenses funded in whole or in part by the Title V MCH Block Grant/CSHCS or local Title V MCH/CSHCS matching dollars

Program Expenses – any expense included in the budget that the MCSHC project proposes to be funded by MCSHC or MCSHC matching dollars (includes staff, supplies, space costs, etc.)

Matching Funds –MCH: At least 30% of the Title V award. The dollars a project assigns to support the MCH funded service (includes Medicaid or other income generated by service provision).

CSHCS: At least 30% of the CSHCS award and be used in accordance with CSHCS expenditure guidelines to support the CSHCS funded service. (May include Medicaid or other income generated by service provision)

In-Kind Contribution

Those non cash items provided to your agency for free, that have a monetary value which your agency is offering as match i.e. an outside entity is providing space for your program activities at no cost to your agency. Funds are not to be used as match without ISDH approval.

Types of Clients

MCH: Pregnant women, infants, children, adolescents, women of childbearing age, and families. Families may include women who are past childbearing age for all services and men for enabling services, family care coordination and genetic services.

*Note: For Family Care Coordination providers receiving both Title V and Title X funds, Title X client definitions override Title V client definitions.

CSHCS: Children with Special Health Care Needs (CSHCN) and their families.

Supported Services –

Maternal & Child Health (MCH)

- Direct medical and dental care: Family Planning, Prenatal Care, Child Health (infant, child adolescent), Women's Health.
- Enabling services: Prenatal Care Coordination, Family Care Coordination.

Children with Special Health Care Needs (CSHCN)

- Direct medical care: For children with special health care needs only.
- Enabling services: Care Coordination, Family Care Coordination, Coordination of Community Services, School Planning Assistance for children with special health care needs and their families.

Sickle Cell

- Direct medical care: Screening and penicillin provision.
- Enabling services: Education

Newborn Screening Services

- Direct medical care: Screening of all newborns and follow up.
- Enabling services: Education of parent or caretaker at time of diagnosis.

These definitions will allow MCSHC projects to include all clients seen that are funded by Title V/CHSCS or Title V/CSHCS match dollars in their client count. They will also allow projects to enroll all clients that are served by staff paid with Title V or Title V matching funds.

INDIANA MCSHC SYSTEMS DEVELOPMENT CONSULTANT ASSIGNMENTS

Appendix C

Bob Bowman, Director, Newborn Screening & Genomics
317/233-1231, bobbowman@isdh.in.gov

Larry Nelson, Team Leader
317/233-1344, lnelson@isdh.in.gov

Carolyn Waller, Ph.D., Team Leader
317/233-1257, cwaller@isdh.in.gov

Andrea L. Wilkes Team Leader
317/233-1246, awilkes@isdh.state.in.us

Maternal & Child Health Division

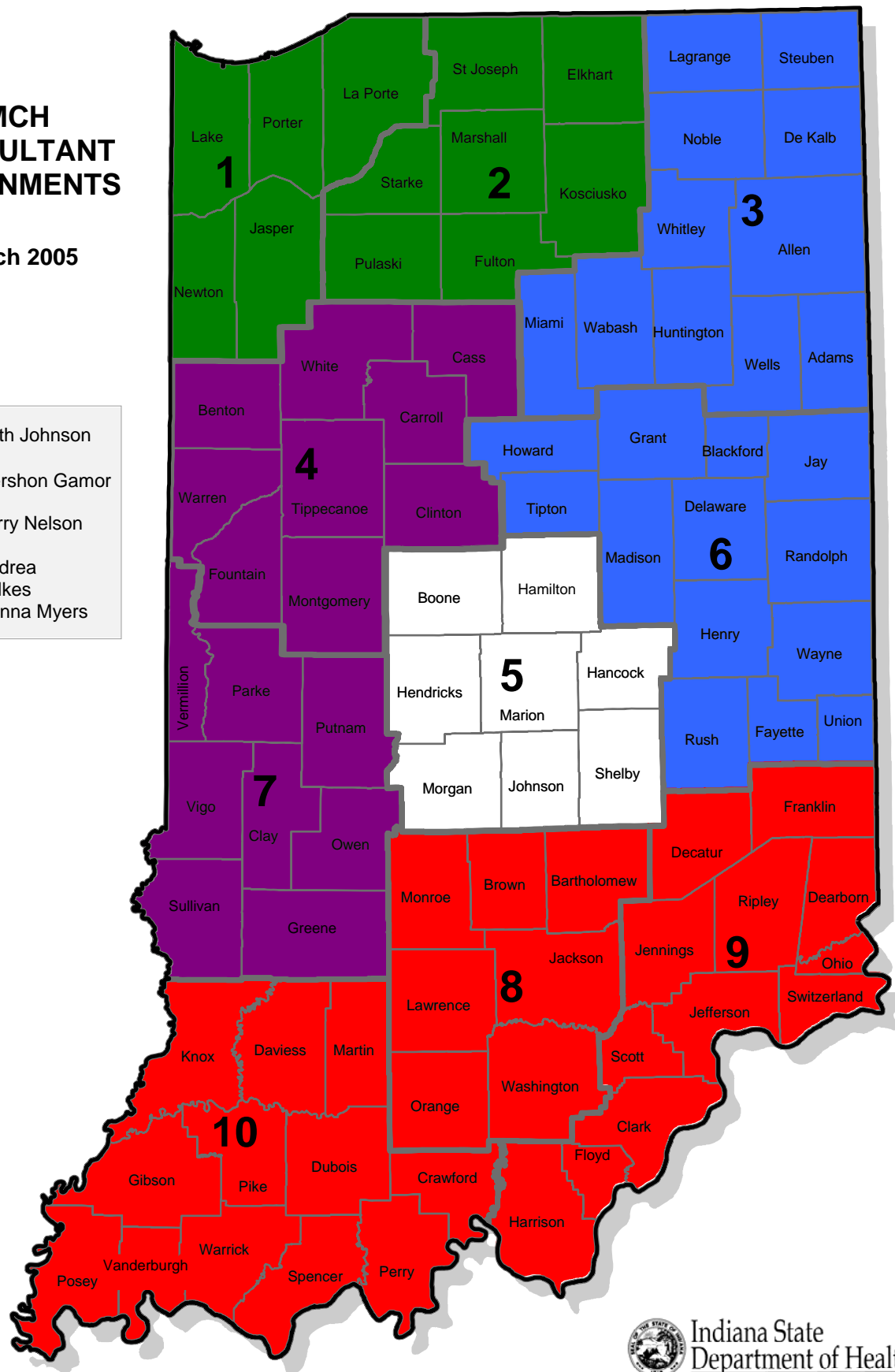
CONSULTANT NAMES	COUNTIES COVERED
LARRY NELSON, Team Leader 317/233-1256 lnelson@isdh.in.gov	Benton, Carroll, Cass, Clay, Clinton, Fountain, Greene, Montgomery, Parke, Putnam, Owen, Sullivan, Tippecanoe, Vermillion, Vigo, Warren and White
ANDREA L. WILKES, Team Leader 317/233-1246 awilkes@isdh.in.gov	Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby
CAROLYN WALLER, Ph.D., Team Leader 317/233-1257 cwaller@isdh.in.gov	Prenatal Substance Use Prevention Program (Grantees in Allen, Clark, Delaware, Dubois, Elkhart, Lake, LaPorte, Madison, Marion, Putnam, Ripley, St. Joseph, Tippecanoe, and Vigo Counties)
BETH JOHNSON, R.N., M.S.N. 317/233-1344 bmjohnson@isdh.in.gov	Elkhart, Fulton, Jasper, Kosciusko, Lake, LaPorte, Marshall, Newton, Porter, Pulaski, St. Joseph, and Starke
DONNA MYERS, R.N., M.S. 317/233-5596 (ISDH Office) dmyers@isdh.in.gov	Bartholomew, Brown, Clark, Crawford, Daviess, Dearborn, Decatur, Dubois, Floyd, Franklin, Gibson, Harrison, Jackson, Jefferson, Jennings, Knox, Lawrence, Martin, Monroe, Ohio, Orange, Perry, Pike, Posey, Ripley, Scott, Spencer, Switzerland, Vanderburgh, Warrick, and Washington
GERSHON GAMOR, M.S.W., L.C.S.W 317/233-1239 ggamor@isdh.in.gov	Adams, Allen, Blackford, Delaware, DeKalb, Fayette, Grant, Henry, Howard, Huntington, Jay, LaGrange, Madison, Miami, Noble, Randolph, Rush, Steuben, Tipton, Union, Wabash, Wayne, Wells, Whitely, and Statewide Social Worker and Statewide Free Pregnancy Test Program
Stephanie Woodcox 317-233-1374 swoodcox@isdh.in.gov	Statewide Adolescent Coordinator (Grantees in Allen, Dubois, Lake, Marion, and St. Joseph Counties)
Tasha Smith-Bonds 317/233-1357 tbonds@isdh.in.gov	Statewide Sickle Cell Program
BOB BOWMAN Director, Newborn Screening & Genomics 317/233-1231 BobBowman@isdh.in.gov	Statewide Genetics Program Statewide Newborn Screening

DISCIPLINE SPECIFIC KEY

Upon request each county consultant will provide programmatic discipline specific consultation to grantees and other agencies in their assigned counties in the discipline for which they are trained.

MCH CONSULTANT ASSIGNMENTS

March 2005



Indiana State
Department of Health



INDIANA MEDICAID

Appendix D

Hoosier Healthwise Pediatric Provider Participation As of 01/12/2007

COUNTY	PED PMP ENROLLMENT (1)	PED PMP PANEL SLOTS AVAILABLE (2)	MEMBERS LINKED TO PED PMPS (3)	PCT PED PMP PANELS FULL (4)	AVG MEMBERS PER PED PMP (5)
01-ADAMS	1	1,500	1,030	68.66%	1,030
02-ALLEN	97	51,106	30,120	58.93%	311
03-BARTHOLOMEW	16	3,496	4,505	128.86%	282
04-BENTON	1	500	194	38.80%	194
05-BLACKFORD	4	3,000	1,185	39.50%	296
06-BOONE	9	2,368	2,373	100.21%	264
07-BROWN	3	925	581	62.75%	194
08-CARROLL	3	1,975	1,429	72.35%	476
09-CASS	13	7,155	3,261	45.57%	251
10-CLARK	29	17,929	7,469	41.65%	258
11-CLAY	9	9,750	2,342	24.02%	260
12-CLINTON	10	1,900	2,094	110.21%	209
13-CRAWFORD	1	1,000	740	74.00%	740
14-DAVIESS	13	4,675	2,370	50.69%	182
15-DEARBORN	19	8,825	3,097	35.09%	163
16-DECATUR	13	3,012	1,941	64.43%	149
17-DEKALB	17	3,010	2,823	93.78%	166
18-DELAWARE	32	13,265	11,339	85.48%	354
19-DUBOIS	15	3,549	2,353	66.30%	157
20-ELKHART	62	14,231	14,777	103.83%	238
21-FAYETTE	6	3,072	2,397	78.02%	400
22-FLOYD	27	14,078	6,718	47.71%	249
23-FOUNTAIN	2	1,500	962	64.13%	481
24-FRANKLIN	5	945	1,037	109.79%	207
25-FULTON	9	9,050	1,867	20.62%	207
26-GIBSON	10	3,102	1,681	54.19%	168
27-GRANT	15	15,700	7,395	47.10%	493
28-GREENE	6	4,350	1,431	32.89%	239
29-HAMILTON	29	5,745	5,161	89.83%	178
30-HANCOCK	19	2,390	2,044	85.52%	108
31-HARRISON	10	3,005	2,258	75.14%	226
32-HENDRICKS	22	3,101	2,970	95.75%	135
33-HENRY	15	11,619	3,977	34.22%	265
34-HOWARD	20	11,999	7,739	64.49%	387
35-HUNTINGTON	17	9,850	2,600	26.39%	153
36-JACKSON	14	4,604	2,038	44.26%	146
37-JASPER	12	9,637	1,891	19.62%	158
38-JAY	9	3,300	1,652	50.06%	184
39-JEFFERSON	17	3,336	2,831	84.86%	167
40-JENNINGS	6	6,375	2,190	34.35%	365
41-JOHNSON	36	16,967	8,816	51.95%	245
42-KNOX	12	4,153	4,042	97.32%	337
43-KOSCIUSKO	28	5,644	4,506	79.83%	161

44-LAGRANGE	7	2,900	1,635	56.36%	234
45-LAKE	176	167,411	58,362	34.86%	332
46-LAPORTE	37	15,651	9,581	61.21%	259
47-LAWRENCE	18	7,840	4,423	56.41%	246
48-MADISON	54	20,794	12,862	61.85%	238
49-MARION	224	168,482	96,948	57.54%	433
50-MARSHALL	21	4,900	3,258	66.48%	155
51-MARTIN	3	766	602	78.59%	201
52-MIAMI	9	4,169	2,632	63.12%	292
53-MONROE	26	12,942	8,563	66.16%	329
54-MONTGOMERY	3	1,953	1,992	101.99%	664
55-MORGAN	15	5,537	4,634	83.69%	309
56-NEWTON	3	3,650	655	17.94%	218
57-NOBLE	10	4,500	2,115	47.00%	212
58-OHIO	1	500	379	75.80%	379
59-ORANGE	7	2,775	1,757	63.31%	251
60-OWEN	6	2,725	1,120	41.08%	187
61-PARKE	4	2,503	467	18.63%	117
62-PERRY	7	2,250	1,002	44.53%	143
63-PIKE	4	1,075	790	73.48%	198
64-PORTER	30	13,878	6,501	46.84%	217
65-POSEY	7	3,900	1,462	37.48%	209
66-PULASKI	8	3,900	1,173	30.07%	147
67-PUTNAM	12	4,850	2,519	51.93%	210
68-RANDOLPH	9	13,750	2,035	14.80%	226
69-RIPLEY	15	2,703	1,662	61.48%	111
70-RUSH	8	3,550	1,127	31.73%	141
71-ST. JOSEPH	113	51,504	28,339	55.02%	251
↓72-SCOTT	11	3,139	2,313	73.68%	210
73-SHELBY	12	2,813	2,737	97.28%	228
74-SPENCER	7	2,438	1,061	43.50%	152
75-STARKE	5	5,650	2,278	40.31%	456
↓76-STEUBEN	5	2,550	2,038	79.92%	408
77-SULLIVAN	10	13,100	2,320	17.70%	232
78-SWITZERLAND	2	400	412	103.00%	206
79-TIPPECANOE	14	4,963	5,343	107.65%	382
80-TIPTON	6	1,008	677	67.16%	113
81-UNION	2	200	208	104.00%	104
82-VANDERBURGH	63	29,425	17,056	57.96%	271
83-VERMILLION	6	4,810	1,847	38.38%	308
84-VIGO	57	31,396	11,431	36.40%	201
85-WABASH	16	5,841	2,277	38.97%	142
86-WARREN	2	4,000	775	19.37%	388
87-WARRICK	15	3,840	2,188	56.97%	146
88-WASHINGTON	7	4,600	1,490	32.39%	213
89-WAYNE	13	8,214	6,255	76.15%	481
90-WELLS	14	5,300	2,485	46.87%	177
91-WHITE	5	4,970	1,728	34.76%	346
92-WHITLEY	11	3,800	1,818	47.84%	165
94-IFSSA	12	2,070	661	31.94%	55
99-OUT OF STATE	37	5,625	11	0.18%	0
STATEWIDE	1,882	988,199	502,218	50.82%	267

(1) Pediatric PMP enrollment includes providers with active PMP segment, primary specialty 316, 318 or 345, and

age restriction specification that includes ages 18 and/or under.

(2) Available panel slots are divided by two for PMPs with active segments in two counties.

For PMPs with active "panel hold", available slots = linked slots.

(3) Member enrollment is reported by PMP county, and includes pending members.

(4) Field (3) divided by field (2), multiplied by 100.

(5) Field (3) divided by field (1).

Counties with 80% or greater panels full (risk zone) are highlighted.

↑ Counties new to the risk zone.

↓ Counties that have been in the risk zone within the past 6 months, but currently are not.

1. Indiana Counties with highest rates of percentage of mothers who smoked during pregnancy (2004):

<u>County</u>	<u>Rate (%)</u>	<u>Ranking</u>
Fayette*	33.2	1
Starke	33.0	2
Vermillion*	32.4	3
Owen	31.7	4
Crawford*	30.7	5
Decatur	30.7	5
Scott*	30.6	6

*Focus Counties (overall priorities)

2. Focus Counties (overall priorities)

Allen
Clark
Crawford
Daviess
DeKalb
Delaware
Elkhart
Fayette
Grant
Howard

Jackson
Jefferson
Knox
Lake
LaPorte
Madison
Marion
Monroe
Montgomery
Noble

Parke
Perry
Putnam
Scott
St. Joseph
Tippecanoe
Vanderburgh
Vermillion
Vigo
Wayne

PRIMARY CARE

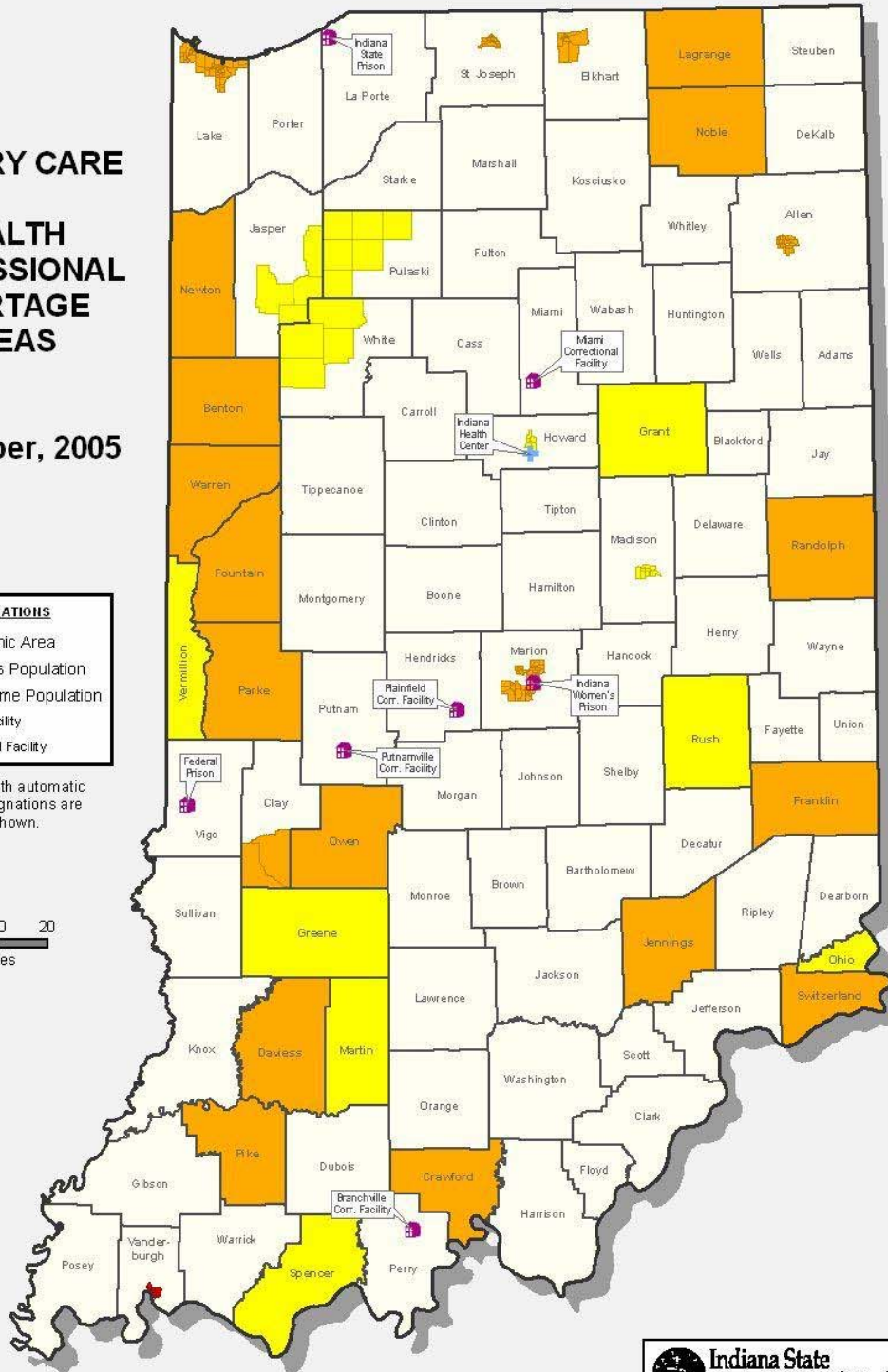
HEALTH PROFESSIONAL SHORTAGE AREAS

November, 2005

DESIGNATIONS	
	Geographic Area
	Homeless Population
	Low-Income Population
	Medical Facility
	Correctional Facility

Facilities with automatic
HPSA designations are
not shown.




0 5 10 20
Miles



DENTAL HEALTH PROFESSIONAL SHORTAGE AREAS

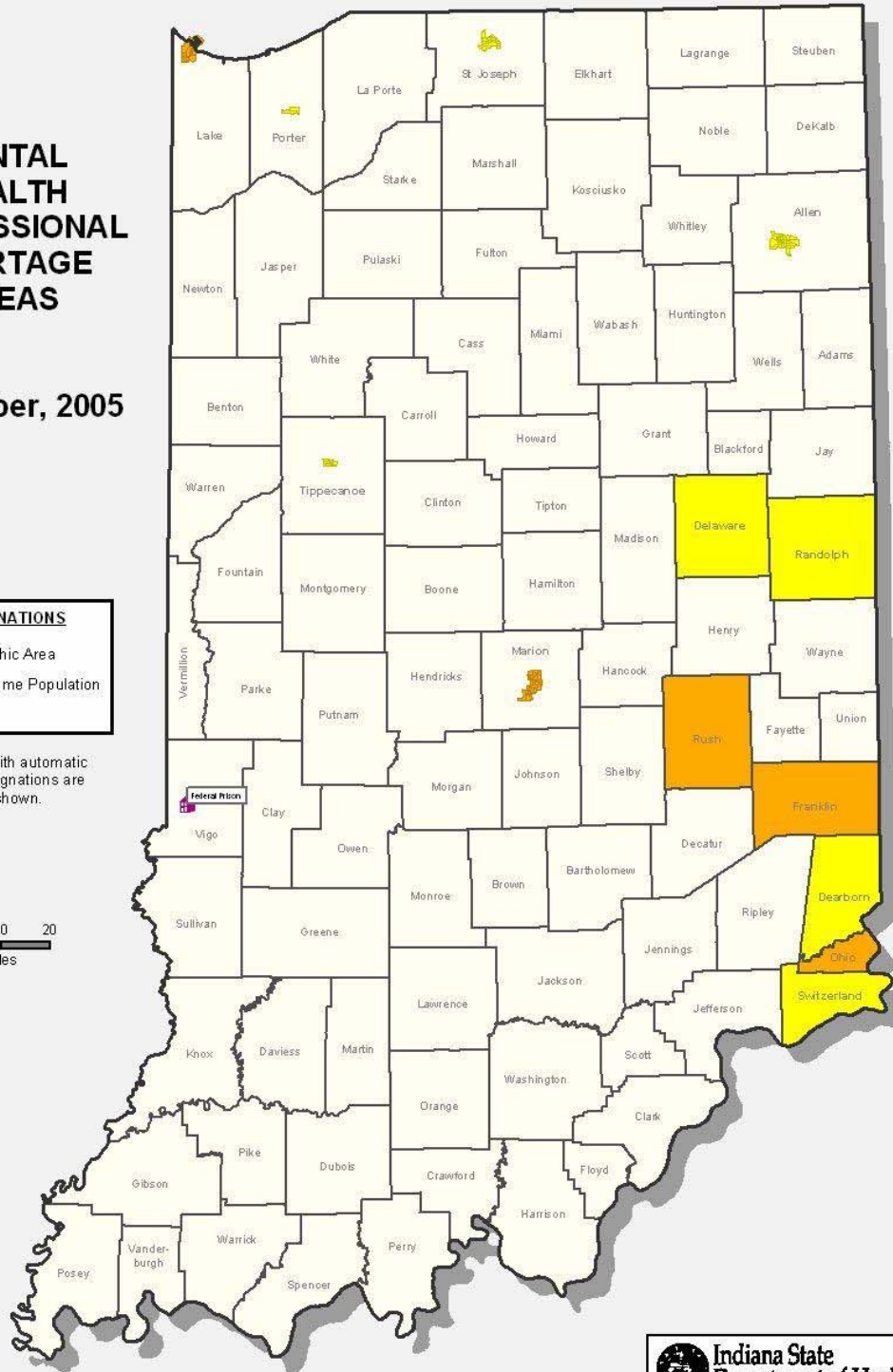
November, 2005

DESIGNATIONS

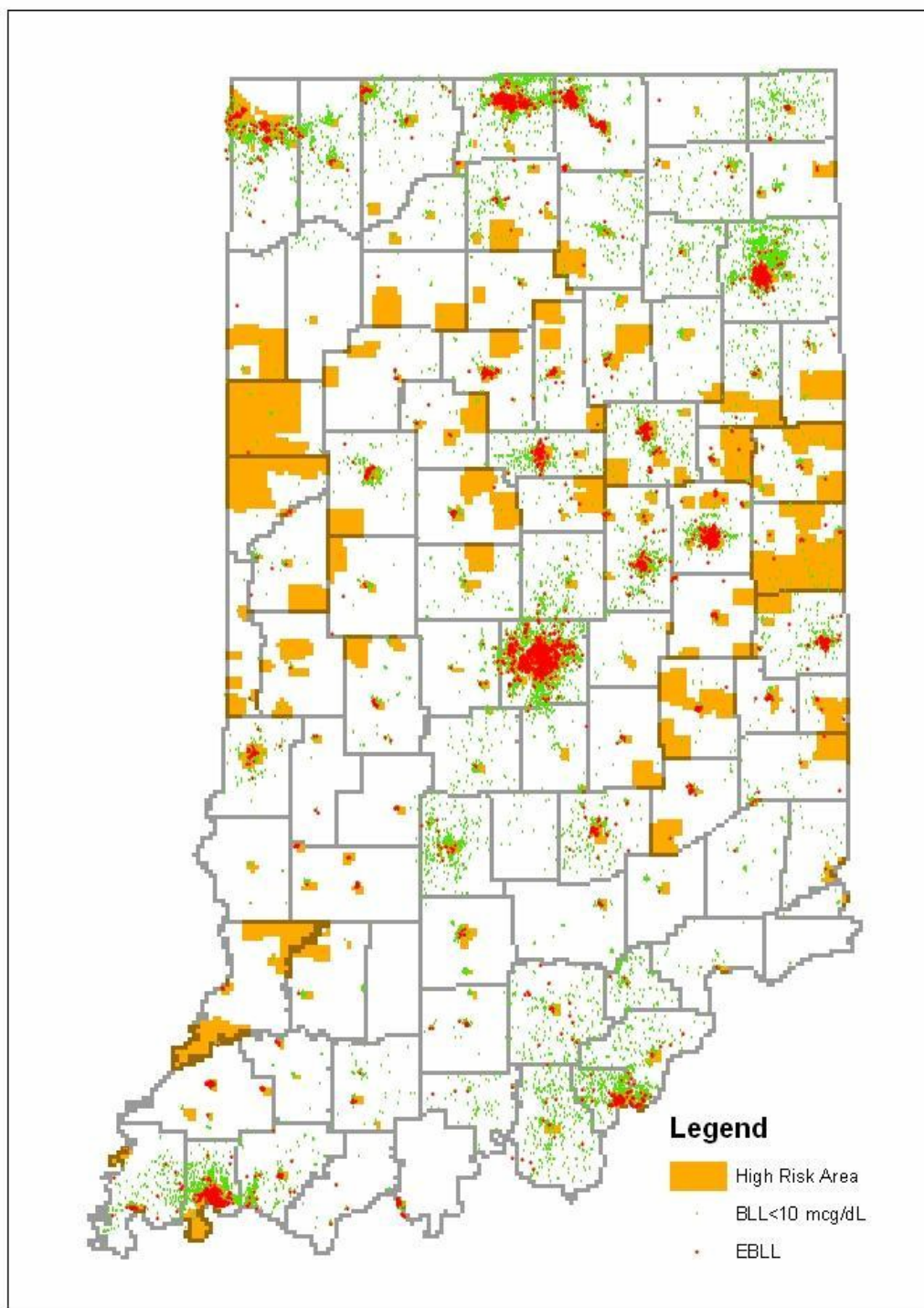
-  Geographic Area
-  Low-Income Population
-  Facility

Facilities with automatic HPSA designations are not shown.

0 5 10 20
Miles



Blood Lead Tests in Children aged 9 to 35 months, IN, 1997-2002



Attachment J

ISDH and Public Health Partners Field Staff

District 1

Dist. Coord., Shawn George, 219-738-1976
EPI, Donna Allen, 317-430-3844
Hosp. Area Coord., Murray Lawry, 317-439-9631;
PIO, Kevin Thompson, 317-508-6497
Education Coord., Lynette Tucker, 219-613-7331
Mental Health: Swanson Ctr., 219-879-4621
 Tri-City MH Ctr., 219-398-7050
 Edgewater Systems, 219-885-4264
 Southlake Ctr. for MH, 219-736-7169
 Porter-Starke Svcs., 219-531-3500
 Wabash Valley Hosp., 765-463-2555

District 4

Dist. Coord., Catherine Went, 765-742-6255; **EPI**, Jennifer Wyatt, 765-742-6244; **Hosp. Area Coord.**, Joe Shelton, 317-508-8159; **PIO**, Kevin Thompson, 317-508-6497;
Education Coord., Lynette Tucker, 219-613-7331
Mental Health: Wabash Valley Hosp., 765-463-2555; Four County Counseling Ctr., 574-722-5151; Behavioral Health Svcs., 765-453-8555

District 7

Dist. Coord., Stephen Cradick, 812-829-3476; **EPI**, Robert Allen, 317-430-3851; **Hosp. Area Coord.**, Dan Gettelfinger, 317-416-8905; **PIO**, Kimberly Wilkerson, 317-439-9679; **Education Coord.**, Larry Long, 317-221-3138; Chief Nurse Consltnt., Janet Archer 317-234-3915
Mental Health: Ctr. for Behavioral Health, 812-339-1691; Southern Hills Counseling Ctr., 812-482-3020; Hamilton Ctr., 812-231-8323; Cummins Behavioral HC, 317-272-3333;

District 2

Dist. Coord., Deb Fulk, 574-293-9393
EPI, vacant
Hosp. Area Coord., Murray Lawry, 317-439-9631
PIO, Kristen Garcia, 317-416-8904;
Education Coord., Lynette Tucker, 219-613-7331
Mental Health: Madison Ctr. & Hosp., 574-234-0061; Oaklawn Psychiatric Ctr., 574-533-1234; Bowen Ctr. for Human Svcs., 574-267-7169; Four County Counseling Center, 574-722-5151

District 3

Dist. Coord., Joe Hilt, 317-439-9650
EPI, Brad Beard, 317-430-3845
Hosp. Area Coord., Murray Lawry, 317-439-9631
PIO, Kristen Garcia, 317-416-8904
Education Coord., Lynette Tucker, 219-613-7331
Mental Health: Northeastern Ctr., 260-347-2453; Bowen Ctr. for Human Svcs., 574-267-7169; Park Center, 260-481-2700; Four Cnty. Counseling Ctr., 574-722-5151

District 6

Dist. Coord., Deb Hopseker, 317-508-5746; **EPI**, Stephanie Jackson, 317-430-3850; **Hosp. Area Coord.**, Joe Shelton, 317-508-8159; **PIO**, Keylee Wright, 317-439-9643; **Education Coord.**, Larry Long, 317-221-3138; Chief Nurse Consltnt., Janet Archer 317-234-3915
Mental Health: Behavioral Health Svcs., 765-453-8555; Grant-Blackford MH, 765-662-3971; Ctr. for MH, 765-649-8161; Comprehensive MH Svcs., 765-741-1928; Dunn MH Ctr., 765-983-8006

District 5

Dist. Coord., Lloyd Flowers, 317-234-2816; **EPI**, Sandy Gorsuch, 317-430-3848; **Hosp. Area Coord.**, Joe Shelton, 317-508-8159; **PIO**, Keylee Wright, 317-439-9643; **Education Coord.**, Larry Long, 317-221-3138; Chief Nurse Consltnt., Janet Archer 317-234-3915

Mental Health: BehaviorCorp, 317-587-0502; Gallahue Mental Health Svcs., 317-621-7600; Cummins Behavioral HC, 317-272-3333; Hamilton Ctr., 812-231-8323; Ctr. for Behavioral Health, 812-339-1691; Adult & Child MH Ctr., 317-882-5122; Midtown MHC, 317-554-2704

District 10

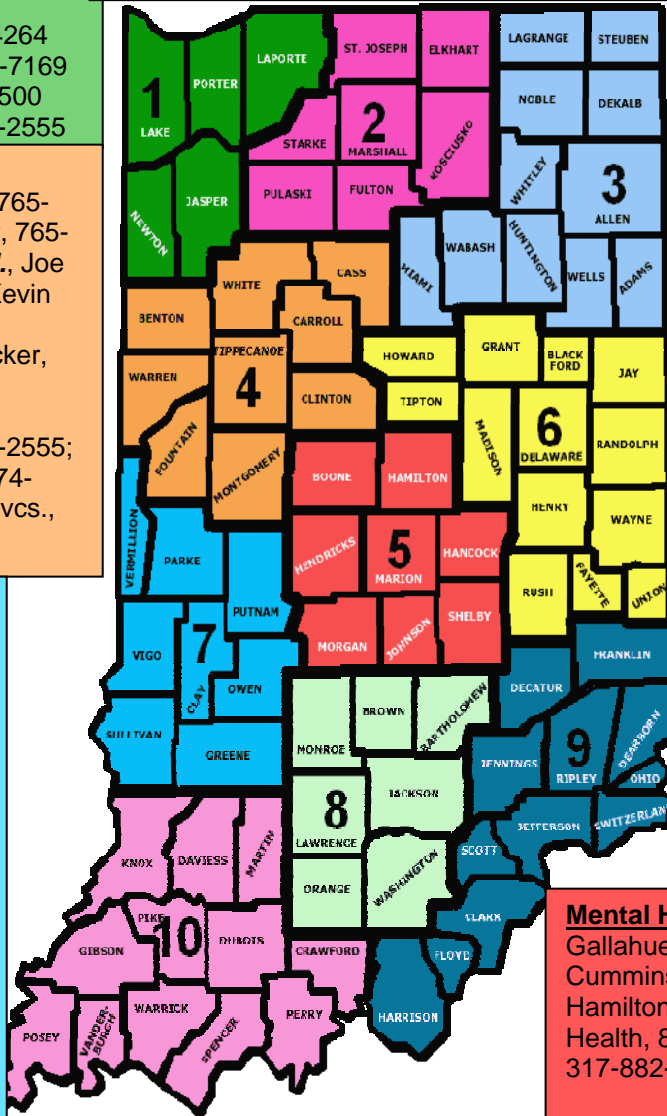
Dist. Coord., Stephanie Terry, 812-897-8605
EPI, Karen Gordon, 317-430-3852
Hospital Area Coord., Dan Gettelfinger, 317-416-8905
PIO, Kimberly Wilkerson, 317-439-9679
Education Coord., Dana Stidham, 812-343-2030
Mental Health: Samaritan Ctr., 812-886-6800; Southern Hills Counseling Ctr., 812-482-3020; Southwestern Ind. MH Ctr., 812-423-7791

District 8

Dist. Coord., Judith Gilliland, 812-472-3714; **EPI**, Robert Allen, 317-430-3851; **Hospital Area Coord.**, Dan Gettelfinger, 317-416-8905; **PIO**, John Sodrel, 317-416-8946; **Education Coord.**, Dana Stidham, 812-343-2030
Mental Health: Quinco Behavioral Health Sys., 812-348-7449; Lifespring MH Svcs., 812-280-2080; Southern Hills Counseling Ctr., 812-482-3020; Ctr. for Behavioral Health, 812-339-1691

District 9

Dist. Coord., Rebecca Lair, 317-431-9105; **EPI**, Steve Allen, 317-430-3853; **Hosp. Area Coord.**, Dan Gettelfinger, 317-416-8905; **PIO**, John Sodrel, 317-416-8946; **Education Coord.**, Dana Stidham, 812-343-2030
Mental Health: Lifespring MH Svcs., 812-283-4491; Quinco Behavioral Health Sys., 812-348-7449; Community MH Center 812-537-1302



INDIANA STATE DEPARTMENT OF HEALTH MATERNAL AND CHILD HEALTH SERVICES

GRANT APPLICATION SCORING TOOL

FY 2008 & FY 2009 MCSHC Application Review Score: _____

Applicant Agency: _____
 Project Title: _____
 Reviewer: _____
 Date of Review: _____

The following 3 forms are worth 2 points each. All elements must be provided to obtain 2 points. If any element is missing score will be 0.

1a. Grant Applicant Cover Page – Form A is complete

Includes *all* of the following elements

- _____ Title of Project
- _____ Federal I.D. #
- _____ Medicaid Provider #
- _____ FY 2007 MCH contract amount
- _____ Funds requested, matching funds contributed FY 2008 & FY 2009
- _____ Complete sponsoring agency data
- _____ Project Director signature
- _____ Authorized legal signature
- _____ County Health Officer signature
- _____ Secretary of State registration

1b. Project Description (Form B)

- _____ Problems to be addressed are identified from statement of need
- _____ Objectives and workplan are summarized

1c. Service Locations (Form C)

- _____ Project locations are identified
- _____ Target population and numbers to be served by site are identified
- _____ MCSHC and non-MCSHC budget information per site is included
- _____ Other services offered at site are listed

1.0 Score _____
 Maximum score 6

2.0 Table of Contents (2 points)

Table indicates the pages where each Section begins including appendices ☐ Yes ☐ No

Comment

2.0 Score _____
 Maximum 2 points

3.0 MCH Proposal Narrative (Should stand alone as a description of the project-12points)

Narrative includes *all* of the following elements

- _____ Describes MCSHC targeted geographic area by driving distances, square miles or square blocks to be served and population estimates by race and ethnicity living there.
- _____ Describes MCSHC target groups, estimates number of low-income, uninsured, and/or underinsured, living in geographic area to be served including specific groups such as Amish, Adolescents, specific racial or ethnicity groups with special needs for MCSHC services
- _____ Describes only the services to be provided using MCSHC funding. Includes the estimated number of MCSHC clients to be served in each service category.
- _____ Describes the nature of the problem(s) to be addressed in each service category using local, state, and national data estimates and documentation of the magnitude of the problem.
- _____ Measurable Performance Outcomes Objectives are stated for each service category.
- _____ Describes an overview of the methods to address the stated problems or a work plan summary.

Comments:

2.0 Score: _____
(12 points maximum)

4.0 Applicant Agency Description (3 points)

Flows from general to specific and includes *all* of the following elements:

Description of sponsoring agency

- _____ Mission statement
- _____ Brief history of the agency and administrative structure including an Organizational Chart.
- _____ Project location(s) including how the location meets the needs of the target MCSHC population.

Comments:

3.0 Score: _____
(3 points maximum)

5.0 Statement of Need (25 points)

Must address MCSHC priorities for which applicant agency is requesting funding:

- _____ Clearly relates to ISDH or CSHCN or MCSHC or Newborn Screening & Genetics Priorities
- _____ Relates to purpose of applicant agency
- _____ Problem(s)/need(s) identified are ones that applicant can impact and supported by statistical data (either from ISDH website or local sources.) Data indicates the problem(s) or need(s) exist in the community
- _____ Describes systems of care

- _____ Target populations/catchment areas are identified
- _____ Program is client/consumer focused
- _____ Barriers to care are described
- _____ Disparities are addressed if county has significant numbers of minority population(s)
- _____ **MCH only**-At least one problem statement addresses either MCSHC Priority #1 or Priority #2
- _____ **MCH only**-Specifically address one or more of MCSHC priority needs #3 - #10

Comments:

5.0 Score: _____
(25 points maximum)

5.1 Statement of Need – Clinic or Service Provision Locations (5 pt)

- _____ Services located in a current or former focus county (See Appendix E)
- _____ Services located in a HPSA (See Appendix F)
- _____ Services located in a MUA (See Appendix G)
- _____ Services located in an at-risk lead concentration area (See Appendix H)
- _____ Child health clinic(s) located in a county with inadequate child health providers as identified by OMPP (See Appendix D)

5.1 Score: _____
(5 points maximum)

**NOTE: Primary and Secondary Reviewers do not need to evaluate section 5.0
ISDH GIS/ERC staff will evaluate this section.**

6.0 Performance Measure Tables

MCH service forms and tables are completed for one or more of the proposed services.

- | | |
|-----------------------|--------------------------------------|
| _____ Pregnant women | _____ School-based adolescent health |
| _____ Child health | _____ Family care coordination |
| _____ Family planning | _____ Women's health |

CSHCS service forms and tables are completed for one or more of the proposed services.

- | | |
|----------------------------------|--|
| _____ Direct Care | _____ Care Coordination |
| _____ School Planning Assistance | _____ Coordination of Community Services |

For all grant applications (8 points):

- _____ All required Performance Measures tables are provided for this service.
- _____ Proposed Performance Measures appears to be realistic and achievable.
- _____ Proposed Performance Measure Objective % is higher than previous achieved percentage (may be lower if previous outcome did not meet the objective)
- _____ Proposed Performance Measure Objective is near HP 2010 goal or state average.

NOTE: Projects do not need to apply for every service (or even more than one) to receive full points for this section. Evaluators should verify that the application contains all required Performance Measure Tables for each service proposed and evaluate the quality of those tables.

Comments:

6.0 Score: _____
(8 points maximum)

7.0 Evaluation Plan Narrative (10 points)

- _____ Project-specific objectives are measurable
- _____ Plan explains how evaluation methods reflected on the Performance Measures tables will be incorporated into the project evaluation
- _____ Staff responsible for the evaluation is identified
- _____ Data to be collected and the method(s) to collect and analyze are identified
- _____ How and to whom data will be reported is identified
- _____ Appropriate methods are used to determine whether measurable activities and objectives are on target for being met
- _____ If activities and objectives are identified as not on target during an intermediate or year end evaluation and improvement is necessary to meet goals, who is responsible for revising activities to make changes which may lead to improved outcomes
- _____ Methods used to evaluate quality assurance (e.g. chart audits, client surveys, presentation evaluations, observation); and
- _____ Methods used to address identified quality assurance problems.
- _____ Client survey(s) and quality assurances are included in the plan.

Comments:

7.0 Score: _____
(10 points maximum)

8.0 Staff (4 points)

- _____ Staff is qualified to operate proposed program
- _____ Staffing is adequate

Comments:

8.0 Score: _____
(4 points maximum)

9.0 Facilities (7 points)

- _____ Geographic location of the facilities inside a focus county, MUA, HPSA, Low income census tract, or zip code.
- _____ Facilities are strategically located in the center of targeted population.
- _____ Title V services provided match the identified Title V needs.
- _____ Facilities are adequate to house the proposed program
- _____ Facilities are accessible for individuals with disabilities
- _____ Facilities will be smoke-free at all times
- _____ Hours of operation are posted and visible from outside the facility

Comments:

9.0 Score: _____
(7 points maximum)

10.0 Budget and Budget Narrative

- _____ Relationship between budget and project objectives is clear
- _____ All expenses are directly related to project
- _____ Time commitment to project is identified for major staff categories and is adequate to accomplish project objectives

Comments:

10.0 Score: _____
(8 points maximum)

10.1 Budget and Budget Narrative Forms

- _____ Budget Forms 1, 2, 3 and 4 are complete for each year
- _____ Budget narratives include justification for each line item and are completed for each year
- _____ Budget correlates with project duration
- _____ Funding received from ISDH (Form 5) is complete
- _____ Information on each budget form is consistent with information on all other budget forms

NOTE: Primary and Secondary Reviewers do not need to evaluate section 10.1. Business Management staff will evaluate this section.

10.1 Score: _____
(4 points maximum)

11.0 Minority Participation (1 points)

- _____ Statement regarding minority participation in program design and evaluation.

Comments:

11.0 Score: _____
(1 points maximum)

12.0 Endorsements (5 points)

- _____ Endorsements are from organizations able to effectively coordinate programs and services with applicant agency
- _____ Memoranda of Understanding (MOU) clearly delineate the roles and responsibilities of the involved parties in the delivery of community-based health care
- _____ Endorsements and/or MOUs are current
- _____ For CSHCS -- Endorsement or MOU with Local Public Health Coordinator
- _____ For CSHCS -- Letters and a summary of the proposed program have been sent to all health officers in jurisdictions within the proposed service area (unless health officer(s) has signed Form A)

Comments:

12.0 Score: _____
(5 points maximum)

TOTAL SCORE (To be calculated by Business Management staff): _____
(100 points maximum)

CHECKLIST To be completed by Business Management Staff

The following forms are completed:

Application Information – **Form A** ☐ Yes ☐ No

MCSHC Project Description – **Form B** ☐ Yes ☐ No

Funding Received thru ISDH – **Budget Form 5** ☐ Yes ☐ No

Informing Local Health Officers of Proposed Submission

Includes letters to all health officers in jurisdictions included in proposed service area(s) or signature(s) of health officer(s) on Form A ☐ Yes ☐ No

Project Performance For FY 2008

The Regional Health Systems Development Consultant (primary reviewer) should describe below performance achievements and/or problems/concerns identified in review of the FY 2007 Annual Performance Report that are relevant to this proposal.

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